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VENEREAL DISEASE IN INDUSTRY

**DANGERS OF INVOLUNTARY
SABOTAGE**



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VENEREAL DISEASE IN INDUSTRY

*A Statement Sponsored by the Pennsylvania State Venereal
Disease Control Committee*

We are in an industrial war, the greatest industrial work-out of all time. Pennsylvania is our greatest industrial State. Armies have learned that syphilis and gonorrhea stand between first and fourth of all causes of loss of man power and work days in the whole calendar of diseases. There is every reason to believe that the same situation exists in industrial personnel in this emergency. The industries of Pennsylvania are being asked to interest themselves in controlling these two infections not alone for patriotic and defense motives or for uplift or public health policy, but as a matter of enlightened self-interest, sound economic practice, antisabotage procedure and safety first.

Years ago when knowledge of these things was new, the writer, then at the head of the syphilis work of the Mayo Clinic, came to know the man with syphilis in industry at close range and in a personal way. From a study published at that time it was found that syphilis appeared in a cross section of our population in proportions of 12, 6, 3.5 and 1.5 percent among railroad men, laborers, business men, and farmers respectively. Where is syphilis? — in industry, as you see. Of the syphilitic railroad employes, one-third of the men were on the engines, three-fourths engaged in the operation of trains. One-fourth were yard foremen, telegraphers, section-hands. The safety of the road was in their charge. Their infections were acquired in the 'teens and twenties. They became industrial hazards not as they reached the retiring age, but 70 percent of them before they were 45, and a third of them when they were at their working prime—between 35 and 40. The railroads didn't even begin to check them seriously before they were 50.

Syphilis is a curious disease. You have to go out to find it, not wait for it to signal to you. A man at a machine, in a cab, back of a light, begins to go haywire inside his own clocktower before he shows an outward sign. This is especially true as the disease hits the circulatory system and the brain. X——, a friend of mine, not a greasy helper in overalls, but a top-flight engineer of one of the then biggest superheaters in the world, told me how it hit him. "I would like you to know my baby," he said. "She has a bark you'll recognize next time you come into St. Paul on the —— Limited. She's built so she can pull the Olympian out into the yards with the full

power of her own engine pulling the other way. I noticed one day I was beginning to see the lights double, in spells. I see the doctor. He takes a blood test from my arm, tells me it's O.K., go back to work. I get no better. I go to another doctor, my own choosing, he says, 'You've got syph!' I go back, not knowing who to believe. I was running in to shift the ——— Limited, and as I was inching down on her, a something like a voice, like an impulse, says to me—'Drive into her!' It says it again—and I jam the throttle shut, pull over—I think he said the Johnson bar—, hand her over to my fireman, jump to the platform and come out here" (The Mayo Clinic).

Suppose he'd passed the point where he could answer that Voice (he had a syphilis of the nervous system). He had the Power and the Distance, and 500 pounds per square inch in the palm of one hand, and it was the middle of the night. Where might we have waked up?

A locomotive engineer, age 36, was being treated for supposed stricture (one of the masquerades of neurosyphilis). We found the syphilis, treated him for it, and he improved. Then we lost him for six months—a sort of therapeutic AWOL. What happened? He told us. He got 90 days from his superintendent for his share in a big freight-passenger wreck. One of his "spells" as he called them (lapses of memory) had come on him while on the engine, and he had passed his siding against orders. He had as his spinal test showed, a sudden syphilitic bonfire in his brain. Did we try to get him off the road? We did, but he wouldn't quit, and the road didn't come forward and check him, so he kept on to what we don't know. Think of him, some night, when your neck gets jolted in a berth. Maybe he's in the cab!

Syphilis invades the industrial efficiency and the compensation fields at many points. Of ten cases reported in this railroad series, I find the roads were paying or being sued for the effects of syphilis in three, without respect to the cost of damage to property and injury to passengers. Syphilis takes toll dramatically, and in least things too. For a moment there may seem to be two rivet ends, and the wrong, the optically imaginary one, gets set up. Then they hunt for sabotage in the wreck, not in the worker. The eye, influenced by syphilis, is full of these quaint trick possibilities. They can boil a \$250,000 bomber into a sticky mass of red hot aluminum within the first ten minutes after take-off. They can lead, as any expert in the field can attest, to years of suits and costs, due not to the injury but to complications traceable to the disease. Take, for instance, the case of a hoist operator for a large copper mine in the West. The plant physician told us that the man, a trusted employe, age 50, had

for several months shown symptoms of advanced syphilis such as occasional stumbling, dizzy spells, and inattention to signals. The physician had warned both manager and vice-president about the danger of the man's condition and about the danger to the cage load of men in a half-mile mine shaft if the operator made a mistake. But the warning was dismissed with a "Pooh, pooh! That man has been our best hoist operator for twenty years!" Two months later the man fell dead at his post and the mine cage went up through the roof. This avoidable accident cost the company twenty thousand dollars in damages.

The treatment of gonorrhea has advanced beyond the most hopeful expectations in the past two years. It is curable in 5 to 10 days in 80 percent or more of cases with the new sulfonamide drugs. Do you know how common gonorrhea is? It is neck and neck in the race with measles as the commonest of mankind's diseases (exception, the common "cold"). If an employe acquires a GC, as we call it, and takes a sulfa drug for it, he goes queer while he's taking it, in an unknown proportion of cases. He is outwardly all right, inwardly confused. It looks as if aviators would have to be grounded while taking sulfathiazole for one disease or another. Suppose the employe in a responsible job conceals his gonorrhea, takes his sulfa drug—you are let unawares into a venereal industrial hazard whose size and seriousness you cannot predict or estimate. Why not adopt a policy that leads to non-concealment and cooperation and lets you direct the treatment and the job performance it affects.

The circumstances of industrial mobilization in this emergency play straight into the hands of VD (venereal disease). Large bodies of people moving into areas unprepared in housing, medical care, social conditions for the influx, make the ideal field for prostitute, liquor and vice exploitation; are hardest to take care of in a preventive way by test and treatment. We are not interested in finding out just how much of this or that there is. We are hunting by test for hidden saboteurs and for sources of infection that maintain the supply of diseased saboteurs. The blood testing of new employes and the checking of old ones for syphilis is part of this work. The adoption of an active, liberal, informed policy toward venereal disease control by industrial management and industrial physicians is front line stuff in this war and safety first in industrial practice. The Venereal Disease Control Committee, the Institute for the Control of Syphilis, University of Pennsylvania (address John H. Stokes, M.D., Chairman, 4228 Spruce Street, Philadelphia); or Dr. Edgar S. Everhart, Director, Venereal Disease Division, State Department of Health, Harrisburg, will answer inquiries, assist in working out plans.



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